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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Patent Number</b>	6,890,713
	<b>Issue Date</b>	May 10, 2005
	<b>First Named Inventor</b>	Andrew SHYJAN
	<b>Title</b>	MULTIDRUG RESISTANCE- ASSOCIATED POLYPEPTIDE
	<b>Art Unit</b>	1642
	<b>Examiner Name</b>	S.J. Huff
	<b>Attorney Docket No.</b>	117742-07002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 

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☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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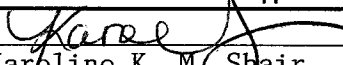
OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	July 14, 2009
Name	Karoline K. M. Shair	Telephone	617-444-3227
Title and Company	Sr. Patent Counsel, Millennium Pharmaceuticals, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: July 27, 2009Signature: /MLZ/

Maria Laccotripe Zacharakis, Ph.D., J.D.